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These guidelines relate to the recruitment, selection, training, and utilization of homemaker/home health aides. Some of the major tenets which the document develops are: (1) adequate leadership and financial support, (2) broad definition of the role based on an ongoing assessment of family health and social needs, (3) identification of a sufficiently large pool of potential trainees and workers, (4) elimination of barriers of age, income, and education, (5) effective medical evaluation and selection interviewing, (6) selection of faculty representing a comprehensive health team, (7) utilization of classroom and field experience in the training program, (8) provision for remedial education, (9) on-going training, (10) continuous availability of professional supervision, (11) involvement of the aide as a full staff member, (12) curriculum standardization, and (13) exploration of the health career potential of the aide. (JK)

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recommendations for homemaker/home health aide training and services

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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The Homemaker/Home Health Aide is daily becoming more important in assisting professional workers meet the health and social needs of families under stress. The aide's contribution as a member of the home care team is valuable and distinctive; experience has shown that she can be successfully trained and employed to complement the services of health professionals.

The following recommendations on the recruitment, selection, training and utilization of homemaker/home health aides are based on current trends and concepts, and observations of a number of recent community programs—varying in size and auspices—in rural and urban communities in different regions of the country.

A community wishing to establish a homemaker/home health aide service or expand an existent service must provide leadership and financial support to insure high standards of recruitment, selection, training, supervision, and utilization of homemaker/home health aides.

Readiness to establish a new community resource or to expand an existing service must be carefully assessed. Creating or expanding a service in a burst of enthusiasm does not guarantee success regardless of apparent need. If objectives are to be achieved, a community must first demonstrate:

- that it is sufficiently organized to provide health services to patients and families in their homes;
- that there is evidence of a stable and growing case load in home care programs;
- that there is linkage between health institutions and community health and social agencies to promote a continuum of patient care;
- that it has sufficient funds to establish, develop and maintain homemaker/home health aide services;
- that employers and utilizers of homemaker/home health aides have qualified personnel to direct and supervise the service;
- that it has qualified personnel to train homemaker/home health aides;
- that the staff of community health agencies are committed to the use of homemaker/home health aides; and
- that these employing agencies can insure job opportunities for homemaker/home health aides with beginning wages at the minimum level or higher, and increments in wages with increasing experience and training.

Community readiness can be assessed by a committee representative of the community's lay, health and social organizations. Through consultation, the committee can assist the sponsors of the existing or potential homemaker/home health aide service to recognize problems and develop the methods to overcome them.

Services of the homemaker/home health aide are part of an array of services for care of patients and families in the home. The use of the homemaker/home health aide should be broadly defined and based on an ongoing assessment of the family health and social needs.

The homemaker/home health aide is a valuable member of the health team who complements the services of health professionals. She helps meet the health and social needs of families under stress. Appropriate and effective utilization of her services is determined by multi-discipline assessment of total needs of the patient and planning for his care. Evaluation by physician, nurse, social worker and other professional disciplines permits the selection of the aide best suited to give the care. The written patient care plan is approved by the physician and carried out by the professional health workers and the homemaker/ home health aide. The aide is a supportive member to the professional health team. She helps carry out the treatment plan; observes the patient and family relationships; and reports patient progress and any new problems to the health team.

A homemaker/home health aide may be used:

- to give personal care to the sick, disabled and aged to help provide and maintain physical and emotional comfort, and to assist the patient toward independent living;
- to lessen the burden of prolonged illness: physically, emotionally and economically;
- to hasten convalescence and reduce the length of stay in an institution by permitting the patient to remain at home or to return home sooner than would otherwise be possible;
- to keep the family together while the mother is ill or absent from the home;
- to help the mother who returns home after a stay in the hospital by assisting her to make needed adjustments to home life;
- to care for the children while the mother receives day care treatment;
- to care for young children at home when the parent stays with a sick child in a hospital;
- to relieve a mother of the excessive burden of caring for a child crippled by birth injuries, mental retardation or other catastrophic illness;

- to give responsible care to children in the family so that an older child will not have to miss school to tend to younger siblings;
- to help carry out the care plan for the pre- and postnatal high-risk mother and premature infant;
- to care for children, elderly and/or ill parents or relatives whose care otherwise would depend on an employed adult with the resultant loss of work and pay;
- to give help and support to a grieving family after the death of a family member;
- to enable the ill, disabled, or frail aged person to remain in his own home among familiar surroundings;
- to help assess family and individual strengths and weaknesses so that a long-range plan may be developed to serve the best interests of the family and the community;
- to help teach more efficient methods of household management, day-to-day living, and better methods of self-care in the presence of illness; and
- to demonstrate by example better homemaking for the culturally and economically deprived family.

Discretion needs to be exercised in the composition of the homemaker/home health aide case load. The aide should be spared an excessive concentration of terminal or catastrophic illness cases. An all elderly or all terminal case load can prove too painful to the aide who has empathy with her patients. Her case load should be diversified and diluted with some patients with stable, or even promising prognoses.

A community considering the development of a homemaker/home health aide service should secure a large enough pool of recruits from which the desired number of potentially good candidates for training and employment can be selected.

Recruitment is essentially the identification of potential recruits interested in giving personal services to individuals and families. The process can also serve as the mechanism to promote community understanding and utilization of a homemaker/home health aide service.

Recruitment can be achieved by a variety of techniques:

- Word-of-mouth promotion by successful homemaker/home health aides, neighborhood aides, community action workers, and professional health workers such as the general practitioner, public health nurse, and social worker.
- Utilization of recruiters who are sufficiently oriented to homemaker/home health aide services and have significant contact with the poor by:

  Door to door solicitation
  Establishment of a store-front recruiting office
- Utilization of communication media:

  Newspaper advertisement and feature articles with pictures in:

  General newspapers
  Neighborhood newspapers
  Foreign language newspapers

  Posters in strategic areas:

  Drugstore
  Grocery
  Post Office
  Health and Welfare Center
  Social Security Office

  Notices in newsletters and bulletins:

  Churches and Synagogues
  Senior Citizen Organizations

  Radio and television spot announcements and feature programs.

In the recruitment and selection of the candidate group for homemaker/home health aide services, there should be no barriers because of age, income, or education.

Age

The young adult may view the job opportunity as an exploration or a starting point in a health career.

The older adult may consider this a satisfactory employment opportunity after having raised her own family.

The elderly person may find part-time or intermittent employment both personally satisfying and a supplemental source of income.

Income

Along with the under- and unemployed, there are others who have a personal rather than a financial need for employment. These individuals frequently possess the qualities suitable to the homemaker/home health aide role.

Education

To perform the work of a homemaker/home health aide, an individual does not require a high school education. There is, however, some basic education necessary for the successful performance of this job. The homemaker/home health aide must be able to read and write sufficiently to follow orders and to record pertinent information. The aide must be able to use the telephone and communicate necessary information. Additional instruction in reading and writing can be given prior or during the course of training.

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The professional in-depth interview and a thorough medical examination are essential components in the selection of individuals most likely to make a successful adjustment to training and eventual employment as homemaker/home health aides.

The selection process must be made as simple and as brief as possible since long delays produce anxieties which may be carried over into training and employment. Careful selection not only minimizes attrition, a costly expense in terms of health manpower and faculty time, but gives stability to the community's homemaker/home health aide service. Attention should be focused on an applicant's individual traits rather than her academic achievements. Throughout the training program, trainees must be reviewed and screened out if found to be ill-suited for the homemaker/home health aide position.

Health Status

The potential trainee should have a physical examination performed by her private physician or arrangements for such an examination should be made for her. The examining physician should be provided with a complete list of homemaker/home health aide duties, with some illustrations, so that he can accurately and intelligently gauge the physical demands of the position. The physical examination and medical history should be complete.

Certain basic and vital laboratory procedures should be performed, including a chest X-ray and/or tuberculin skin test, and serology. The physician should certify in writing whether the applicant is medically and physically able to perform the tasks required in the job, on a full or part-time basis. He should also note any conditions that should be remedied. The applicant's conversation with the physician and the results of the examination are privileged information and must not be misused.

If the agency is able to employ a homemaker/home health aide with physical limitations, the physician should be so advised. His recommendations regarding restrictions of activities, if any, should be taken into consideration in training and employment.

Professional Interview

The interview is an essential component in the selection process and should be conducted by an empathetic public health nurse or a social worker with a casework background. It should be scheduled for approximately one hour, at a time convenient to both interviewer and

applicant. The interview must be goal directed in a setting which is private and comfortable to enable a free exchange of pertinent information.

The interview gives the applicant the opportunity to talk about her interests, background, experiences, family responsibilities, personal concerns, and reasons for considering this type of training and employment. The interviewer should tell the applicant about training opportunities in community health services and her employment expectations as a homemaker/home health aide, such as possible working conditions, salary, satisfactions and hardships. The interviewer should also make clear the responsibilities of a homemaker/home health aide.

The interview should help the applicant see how her experiences and interests can be put to use in helping and caring for others. During the course of the discussion, the applicant's abilities and interests should be matched with the requisites of the job. The interviewer has the responsibility for screening out those who are not likely to make a successful adjustment to training and employment because of physical and medical incapacities, personality problems, overwhelming family responsibilities or other limitations.

Ideally, the decision regarding the applicant's suitability should be reached jointly. The interviewer then has the professional responsibility to obtain the necessary health and social information and recommend appropriate referrals for applicants with health, social or educational limitations. The rejectee needs redirection, information, referral to resources, and counseling by the appropriate person in the community.

Training is essential for all homemaker/home health aides to prepare them to assume basic homemaking and personal care responsibilities in meeting health and social needs of patients and families.

The purpose of training is the satisfactory adjustment of the trainee to the homemaker/home health aide role through the learning of new knowledge and skills, the development of new attitudes, and the strengthening of desirable personality characteristics. Sound educational methods accompanied by understanding of job expectations and the individual trainee's needs will contribute to the attainments of these goals. A secondary purpose of training is to establish the foundation upon which new learning can take place as the homemaker/home health aide gains experience during employment.

Selection of faculty is based on professional qualifications, experience in teaching methods and interest in teaching.

A core faculty representing a comprehensive health team should include:

Home Economist
Nurse
Nutritionist/Dietitian
Physical Therapist
Social Worker

to cover the major portion of the course content, involving personal care which includes simple rehabilitation techniques, homemaking, and understanding the needs of people under stress. Participation by others such as a physician, speech and occupational therapist, dentist, podiatrist, etc., can add interest and value to certain aspects of the course. Here again, selection is based on their ability to reach and teach the trainee group.

A working committee, representative of various professional health disciplines and community health agencies, should be fully oriented to homemaker/home health aide services. Under competent leadership of a coordinator skilled in education methods and techniques, the committee gives breadth and scope to all aspects of training. It assists in the development of the total curriculum, the selection of faculty, the evaluation of the training program effectiveness, and it suggests necessary modifications.

Homemaker/home health aide training should be a combination of classroom instruction and practical experience both in the demonstration classroom and with patients in their homes.

The trainee group should be small to promote informality, encourage group interaction, and facilitate supervision. A class size of 10-12 is reasonable. Six hours a day is as much time as trainees could be expected to use productively. Short lecture periods (30 minutes) and frequent physically active breaks are useful techniques in overcoming trainee restlessness.

Alternating theory and practice sustains interest, reinforces learning, and facilitates trainee identification with the homemaker/home health aide role.

Classroom Instruction

A variety of methods are recommended to give zest to the training program. The method chosen should be based on trainee readiness and the course content. Since learning is an active process occurring through the trainee's own efforts, trainee participation and involvement are crucial. These are elicited through group discussions, laboratory exercises, observation, demonstration, practice, etc.

Audio-visual aids are valuable and necessary training tools because they enhance the course content. They are not substitutes for but supplements to the teaching process. They are useful in promoting discussion, clarifying points under study, and reinforcing the learning of new knowledge and skills. Selection of teaching aids is based on curriculum objectives. The aids should be suitable for the trainee group; accurate and up-to-date; and have eye and ear appeal. When a specific procedure and skills are taught, a combination of lecture, discussion and demonstration by the instructor should be used. The trainee must then be given the opportunity to practice under supervision until she has grasped the fundamentals. During practice periods, an instructor can best handle a group of six, and arrangements should be made for this.

Patient Experience

Actual experience with patients in their homes is learning by doing and should be emphasized throughout the training program. Alternating classroom practice with patient experience consolidates the learning of skills, gives security to the trainee, and facilitates the trainee identification with the homemaker/home health aide role. Careful planning and patient selection enables the trainee to progress from the less difficult to the more complex patient and home situations.

Reading, writing and arithmetic skills must be at a satisfactory level for a successful adjustment in homemaker/ home health aide training and employment.

Remedial education is essential and should be made available to those trainees who have major deficits in basic education skills. Participation in a community adult education program may be a prerequisite to the basic training program or may be integrated with the basic training using the clinical situation. Either way, the adult education program is supplemental and does not substitute for any part of the basic homemaker/ home health aide training.

Written tests may allow a broader appraisal of the trainee's ability and aptitude. There is the danger, however, that the apprehension caused to the trainee, unused to written examinations, might cause her to do poorly and fail. Thus, a potentially good aide might be lost because of a deprivation in education in the distant past.

If written tests are necessary to qualify an aide for employment in accordance with merit system regulations, practice sessions in objective testing are helpful to familiarize and condition the aide.

After basic training, homemaker/home health aides should participate in ongoing training programs.

Throughout employment, aides need to participate regularly in structured in-service training. Such training reinforces basic skills, adds new learning, strengthens staff relationships, and helps channel frustrations into constructive activities.

Professional supervision of the homemaker/home health aide must be available at all times during training and employment.

In her training and work experience, the homemaker/home health aide must have professional supervision to assist her in making a successful adjustment to her role and to insure that quality care is being rendered to patients and their families. The attitude of supervisors is crucial for the progressive development of successful homemaker/home health aides.

Supervision which provides constant support and acceptance, particularly in training and early employment, helps the aide work through difficulties in adjustment, adapt to different people and work situations, work within the framework of duties and responsibilities assigned to her, and give effective care which safeguards the patient. Appropriate supervision must always be available especially when the aide is in a patient's home; the aide must feel free to request help without hesitation or fear or rebuff in any way.

Personal care services given by the aide must be under the supervision of a registered nurse. Other health professionals such as the social worker, physical, speech, and occupational therapist, and nutritionist who participate in the development and implementation of the patient care plan, should also assist, teach and supervise the aide. Supervision of the aide should be defined, understood, and accepted by all concerned including the aide.

The trained homemaker/home health aide as an employee of an agency, part or full time, must be accepted as a member of the staff and participate fully in all staff and agency programs and activities.

The trained homemaker/home health aide is a valuable health resource. Her employment, at a reasonable wage, should follow immediately after training. Delays can mean loss of newly learned skills or loss of the aide to other types of employment outside the health field. The employing agency has the major responsibility for attracting, retaining, and utilizing the aide, part or full time, in the health occupation for which she is trained. The agency must be prepared to take full responsibility for all aspects of her work. Regardless of auspices and administrative structure of the agency, policies are needed for its homemaker/home health service. These policies must be clearly defined with respect to hours of work, salary increments with increased skills, demonstrated ability and seniority, vacation and sick leave. Other benefits such as participation in insurance programs, regular examination and uniforms should also be provided by the agency. In order for the aide to develop a strong identification with the agency and its purpose, she should participate in a planned orientation program and attend staff meetings regularly.

Agreement should be sought through the cooperative efforts of various national organizations concerned with health manpower to standardize homemaker/home health aide training and establish a basic curriculum.

At the present time there is no standard for training. Many communities throughout the nation have had some experiences in homemaker/home health aide training. These experiences varied from a sketchy and casual training program to what seems to be a well-structured program. Interest in homemaker/home health aide training is now widespread and communities are seeking information for curriculum development. It is now evident that there is a need to bring homemaker/home health aide training into a recognized system of vocational training; to crystallize training objectives and develop curriculum and standards. This will promote universality in the homemaker/home health aide concept.

Studies are needed to explore fully the health career potential of the homemaker/home health aide occupation.

Future homemaker/home health aide programs should consider the following:

1. Development of part-time training programs for individuals with family responsibilities or otherwise employed. Late afternoon, evening and/or weekend classroom instruction and on-job training are best suited for such potential homemaker/home health aides.

2. Provision of suitable child care arrangements in the community to enable mothers with young children to participate in training.

3. A comparative analysis of the training of three health related occupations—hospital, nursing home, and homemaker/home health aide—to identify their common and unique elements. A common curriculum for the generic health aide could then be designed to be the foundation upon which the unique elements of the three distinct and separate training programs could be built.

4. Establishment of core and basic training for health related occupations which lend themselves to the concept of centralized training. A training center that is closely affiliated with community service agencies that employ and utilize trained aides offers the following benefits:

a. It encourages standard setting for curriculum and faculty.

b. It facilitates evaluation of the quality and depth of training in relation to service needs.

c. It facilitates assessment of community health manpower needs and responds to them accordingly.

d. It frees the service agency of time-consuming responsibility in some of the recruitment, selection, and training activities.

5. Development of programmed instruction at the 6th grade reading level for the basic materials used in homemaker/home health aide training programs.

6. Development of career advancement opportunities for trained homemaker/home health aides interested in developing special skills or pursuing further training.

7. Development of an accelerated training program for those with special qualifications based on previous training and experience.

8. Investigation of employment patterns of trained homemaker/home health aides.

APPENDIX

To perform her role well, the homemaker/home health aide in her intimate association with patients and families under stress, must possess certain special attributes. Although it is almost impossible to develop a rigid criteria for determining an individual's potential for becoming a good homemaker/home health aide, it is possible to describe the characteristics and behavior patterns of the well-adjusted, capable homemaker/home health aide. While trying to select homemaker/home health aide trainees most likely to succeed is important, it is essential to remember that with sound educational methods and careful supervision, the trainee can overcome weaknesses and develop new traits and attitudes, and thus become a good homemaker/home health aide. Following are characteristics of the successful homemaker/home health aide.

The Homemaker/Home Health Aide is emotionally stable. She meets new, stressful, and crisis situations with appropriate responses; accepts supervision without resentment or feelings of failure; does not demand excessive attention from the faculty, staff and peer group; and does not allow personal biases to interfere with her job performance.

The Homemaker/Home Health Aide has the desire and ability to learn. She is able to read and write and do simple arithmetic; is capable of understanding the fundamentals of learned skills and techniques that relate to the job; is able to build upon past experiences; develops desirable traits; and progresses towards the goals designed for her by the faculty and supervisor.

The Homemaker/Home Health Aide is physically able. She can cope with the physical demands inherent in the job, such as standing, walking, lifting, stretching and bending as she cares for disabled and aged persons. She can do an assignment designed for her without excessive fatigue or signs of physical stress, taking into consideration the assessment of her medical and physical limitations, if any.

The Homemaker/Home Health Aide is technically competent. She follows instructions and is able to transfer her learned skills from the classroom to the work situation; she safeguards the patient from injury or discomfort. She uses her time and energies wisely, and conserves materials and equipment.

The Homemaker/Home Health Aide is dependable. She meets her daily schedule and completes her assignment; is aware of her limitations and does not go beyond them; informs her supervisor promptly when there are delays or expected absences or she is unable to complete her

assignment. She has personal integrity in relation to handling funds and meeting obligations; reports mistakes immediately, and can be trusted with confidential information. She performs well in the absence of her supervisor.

The Homemaker/Home Health Aide is sensitive to other people's feelings. She is able to cope with patients and their families' stresses and anxieties without personal involvement; inspires confidence by her own composure; is tactful and sincere.

The Homemaker/Home Health Aide derives personal satisfaction from her work. She feels that her work is important and views her job as a career; works well with others and sees herself as part of a team which together has a common purpose: *the provision of quality care.* In an emergency she is willing to make personal sacrifices by accepting additional work assigned by the agency.

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